RUTGERS HEALTH

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EXHIBITOR REGISTRATION FORM

ACTIVITY INFORMATION

ACTIVITY TITLE: **Innovative Updates for Managing Challenging Pediatric Diseases and Conditions: Dinner Symposium with the Experts**

ACTIVITY DATE: **November 19, 2025** COURSE CODE: **26MR09**

RUTGERS-CCOE CONTACT: **Keisha Ferguson** EMAIL: **henderkc@rutgers.edu**

COMPANY INFORMATION

COMPANY NAME: _____

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BUSINESS ADDRESS: _____

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☐ $2,000.00	1 Table 2 Exhibitors	Exhibitor/Attendee Name _____ Exhibitor/Attendee Name _____

PAYMENT BY CHECK

Make check payable to Rutgers, The State University and mail to:

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Attention: Patrick Dwyer

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Click "**Exhibitors**" then "**Exhibit at this Event"** and complete the registration process.

Please complete and return this form, **REGARDLESS OF FORM OF PAYMENT**,
along with the signed Exhibitor Agreement,
by email to Keisha Ferguson at henderkc@rutgers.edu